Charities Program • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234 Phone: 360-725-0378 • Fax: 360-664-4250 • E-mail: charities@sos.wa.gov

## AMENDMENT (CHARITABLE ORGANIZATION)

**FEE: \$10.00** 

Make fees payable to "State of Washington"

Check here to request <b>EXP</b>	EDITED MAIL SERVICE	E (optional). If checked, please	enclose an additional \$20 fee.
All documents must be typewritten or printed legibly in ink. <b><u>DO</u> <u>NOT</u> staple or bind form or attachments.</b>			
SECTION 1			
Organization's Full Legal Name:		Registration Number:	
DESCRIPTION OF CHANGE OF INFORMATION  Pursuant to the Charitable Solicitations Act, RCW 19.09			
Describe the change(s) of informat	ion being reported (Attach an d	additional sheet if needed):	
	ATTA	CHMENT	
Attach supporting documentation c			chments.
		NATURE (Required)	
By signing this form, the applicant true to the best of the applicant's knon-criminal cases against the apporganization nor any of its officers, been subject to permanent injunction the past ten years.	(a) certifies that the informan nowledge; (b) irrevocably ap licant, and under the condition directors, and principals has	tion contained in the form and in points the Secretary of State to re ns set out in RCW 19.09.305; and been convicted of a crime involvi	ceive process (notice of lawsuits) in (c) certifies that neither the ng charitable solicitations, nor
Signature of applicant	Printed name	Title	Date

**NOTE:** Expedited Mail Service is available for registration documents requiring 48-hour turnaround. To utilize Expedited Mail Service, please enclose \$20 per registration document (in addition to regular fees), check ( $\sqrt{}$ ) the box on page one of this document, and write the word "EXPEDITE" in bold letters on the outside of the envelope. Your request will be processed and mailed within **TWO** business days of receipt by the Charities Program.